

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/5648

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1	1	
3			1		1	
4				1		
5			1		1	
6						
7				1		1
8						
9				1		1
10						
11				1		1
12					1	
13						
14						
15				1		1
16						
17				1		1
18						
19				1		1
20						
21				1		1
22						
23				1		1
24						
25				1		1
26			1		1	
27			1		1	
28						
29						
30			1			
31				1		
32						
33				1		
34						
35				1		
36						
37				1		
38						
39				1		
40						
41				1		
42						
43				1		
44						
45				1		
46						
47						
48						
49				1		
50						
TOTAL IND.		↓		↓	6	↓
TOTAL DEP.		←		←	14	←
TOTAL CLAIMS					20	

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52				1		
53						
54						
55						
56						
57						
58				1		
59						
60				1		
61						
62				1		
63						
64				1		
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						